

PSJ17 Exh 97

Fentora email cover note for patient specific requests

Dear <Insert Dr. Name>:

Per your request, enclosed please find a template letter of medical necessity for FENTORA[®] (fentanyl buccal tablet) [C-II] for reimbursement support for your patient.

In order to capture your patient's specific information, please be sure to customize the letter of medical necessity as directed on the template before submitting it to the insurer. Additionally, since the enclosed letter(s) of medical necessity are frequently updated, please check when using them in the future to make sure you have the most up-to-date version.

Once you have completed and signed this letter, you can submit it directly to the patient's insurer or you can fax a copy to the FENTORA Reimbursement Program at 866/495-0657, and we will submit the letter to the insurer for you.

If you have any questions, please do not hesitate to contact the FENTORA Reimbursement Program at 877-4FENTORA (877-433-6867). The Program is administered by Covance and is available Monday through Friday from 9 am to 8 pm Eastern time.

Cephalon does not recommend the use of FENTORA outside of its FDA-approved product label. Enclosed please find a copy of the prescribing information for FENTORA.

Sincerely,
FENTORA Reimbursement Program
877-433-6867

Enclosure
FENTORA Prescribing Information

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